Name in Full

Certificate of Death

Li D. Betts

Died at Town Chewsville County Washington MARYLAND

Date 189 8 Month Oct Day 13 | Age Y. 70 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary Consumption 22a How long sick
Immediate

Accident, Suicide, Homicide

Reported by Francis Williamson.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988

Ad. Dec. 7

Dr. Umstad, Chewsville, Dec. 7
Did not attend Uplied

Dr. J. M. Slick, Smithburg Dec. 9

Name in Full: William Harold Biershine

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 189 8 Month 10 Day 9 Age Y. 6 M. 2 D. Native of Hagerstown Occupation Child

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: William Biershine Mother's Name: Flora Biershine

Cause of Death: Primary Cholera Infantum How long sick 2 days

Immediate Convulsion 82 ~~Accident, Suicide, Homicide~~

Reported by J. E. Pitsnogle

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

William Edward Dess

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month October Day 8th Age Y. 7 M. 7 D. Native of America Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband of Wife — — —

Father's Name Henry A. Dess Mother's Name Mary V. Dess

Cause of Death Primary Diphtheria 86 How long sick 3 days

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by H. K. Dess M. D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65060

Name in Full Grace Dorsey — Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month Oct- Day 30 | Age Y. 14 M. D. | Native of Hagerstn | Occupation Hangel

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife

Father's Name Melvin Dorsey | Mother's Name Annie Robinson

Cause of Death: Primary Acute Tuberculosis — How long sick 3 mos

Immediate Apnea 226 — ~~Accident, Suicide, Homicide~~

Reported by J. McDevitt

Address Hagerstown.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F606R

Name in Full

Certificate of Death

Samuel Morris Donahugh.

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month October Day 24 Age Y. 5 M. × D. 2 Native of Maryland Occupation None

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living —

Husband of Wife — — — — —

Father's Name Edward S. Donahugh Mother's Name Alice Donahugh

Cause of Death Primary Diphtheria 8a How long sick 3 days

Immediate Heart failure ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. K. Dass M.D.

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Emmert Fechtig

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month 10 Day 11 | Age Y. 47 M. D. | Native of | Occupation Printer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name James J. Fechtig

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bates-American 10-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65866

Dr. G. E. Murray, Hagerstown, Dec. 7

Dec. 7 Applied
Did not attend

Name in Full | Certificate of Death

Jerremiah Fishack

Died at Town: Edgemont County: Wash. MARYLAND

Date 1898 Month: Oct Day: 15 Age Y. 55 M. D. Native of: Md. Occupation: Stone Mason

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Rebecca Williar

Father's Name George Fishack Mother's Name Mary Ann Reynolds

Cause of Death: Primary Carbuncle 128 How long sick 16 days.

Immediate Lepticaemia Accident, Suicide, Homicide

Reported by John M. Steck M. D.

Address Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Lizzie Fridinger

Died at Town: Hagerstown County: Washington MARYLAND

Date 189 8 Month: Oct Day: 18 Age Y. M. D.: 2 8 Native of: American Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Scott Fridinger

Mother's Name: Sulla Wellinger

Cause of Death: Primary: Capillary Bronchitis — How long sick: 10 days

Immediate: Cyanosis — Accident, Suicide, Homicide

71

Reported by: A.P. Stauffer, M.D.

Address: Hagerstown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Charles A. Full

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month 10 Day 3 | Age Y. 28 M. D. | Native of | Occupation Saloon Keeper

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living

Husband ~~Wife~~ of Fannie Funds

Father's Name Michael Full

Mother's Name 145 E

Cause of Death: Primary — Fall from a horse — How long sick

Immediate

Accident, Suicide, Homicide

Reported by The Leader 10-7

Address Williamsport

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dec 7

+ Dr H. K. Dear Hagerstown, Dec. 7
Dr D. Did not attend

+ Dr. E. M. Schindel, Hagerstown Dec. 13

Name in Full Walter L. Gittings

Certificate of Death

Died ~~at~~ near Town Brownsville Station County Washington MARYLAND

Date 189 8 Month 10 Day 23 | Age Y. 30 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name E. L. Gittings

Mother's Name 145 a

Cause of Death: Primary Accidentally shot by

Immediate his companion

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Cumberland Independent

Address 10-24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05988

Name in Full

Certificate of Death

Samuel Emmett Goss

Died at Town: Fairplay County: Washington MARYLAND

Date 189 8 Month: Oct Day: 20 Age Y. 23 M. — D. Native of Wash Co. Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name Martin L. Goss Mother's Name Cecelia Ann Smith

Cause of Death { Primary Phthisis Pulmonalis How long sick 4 mos
Immediate Exhaustion 22a ~~Accident, Suicide or Homicide~~

Reported by W. M. Reichard M. D.

Address Fairplay Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full | Certificate of Death

Catherine Gronnickle

Died at Town Maplewille County Washington MARYLAND

Date 189 8 Month Oct Day 13 | Age Y. 88 M. D. | Native of Md. | Occupation

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Durnbaugh Mother's Name 153

Cause of Death: Primary General Debility | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Francis Williamsport Oct 15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: William L Irwin

Certificate of Death

Died at — Town: Boonsboro — County: Wash. — MARYLAND

Date 1898 — Month: Oct. — Day: 22 — Age: Y. 33 M. 4 D. 6 — Native of: Md — Occupation: Printer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: 1

Husband ~~Wife~~ of: Mary Blecker

Father's Name: Fonrose Irwin — Mother's Name: Elizabeth Rickard

Cause of Death — Primary: Intestinal Constriction — How long sick: 4 days

Immediate: Peritonitis 93 — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: S. Seibert-Davis M.D.

Address: Boonsboro Wash. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full — Certificate of Death

Sarah. Jennings

Died at Town: Brunsville, County: Washington — MARYLAND

Date 189 — Month: 10, Day: 18 — Age: Y. 80, M. ", D. " — Native of: Maryland — Occupation: Spinster

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / Widower — ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name: George. Jennings — Mother's Name: Elizabeth

Cause of Death — Primary: old age — 126 — How long sick

Immediate: Senile Gangrene — ~~Accident, Suicide, Homicide~~

Reported by: J. I. Youtle M D

Address: Brunsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CHICAGO

Name in Full | Certificate of Death

Mary Knodle

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month Oct Day 22 | Age Y. 70 M. D. | Native of Washington Co | Occupation Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living None

Husband / Wife of Wm Knodle

Father's Name | Mother's Name

Cause of Death: Primary Inflammation of Bowels | How long sick 5 weeks

Immediate Asthenia - 83 | Accident, Suicide, Homicide

Reported by J. McP. Scott.

Address Hagerstown.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Silas Koontz

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 Month Oct Day 23 | Age Y. 71 M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single / Widow / Widower / Divorced | Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Prescott Williamson Oct 29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Katie. C. Lizer

Died at Hagerstown (Town) Washington (County) MARYLAND

Date 189 8 / Month 10 Day 22 | Age Y. 20 M. 0 D. 20 Native of Smokelown Occupation Housework

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living ———

Husband / Wife of

Father's Name Simon Lizer

Mother's Name Mary Jane Lizer

Cause of Death: Primary Burned 146a How long sick 2 Days

Immediate Shock

Accident, ~~Suicide, Homicide~~

Reported by J. E. Pitsnogle

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Florance Lowry

Died at Town Chewsville County Washington MARYLAND

Date 1898 Month Oct Day 23 Age Y. 13 M. 6 D. 13 Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Lowry

Mother's Name Beaty

Cause of Death Primary Rheumatism 26

Immediate Dropsy of heart

How long sick 3 months

~~Accident Suicide Homicide~~

Reported by Dr S. W. Umstot.

Address Chewsville Washington co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Mrs Annie E. McFerren

Certificate of Death

Died at Town Weverton County Washington MARYLAND

Date 1898 Month Oct 21st Day friday Age Y. 48 M. 4 D. 21 Native of Md Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

~~Husband~~ Wife of Jacob McFerren

Father's Name James W. Lakens Mother's Name Lucinda Lakens

Cause of Death Primary

Immediate Cancer

How long sick ten months

Accident, Suicide, Homicide

Reported by Capt. Teete & Bro. Underlakers

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Henrietta Miller

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month 10 Day 18 Age Y. 35 M. 3 D. 6 Native of Washington Co Occupation House work

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Joseph Miller

Father's Name William H. King

Mother's Name Mary E. King

Cause of Death { Primary Burned 1469 } How long sick 18 hours

Immediate Shock

Accident, ~~Suicide, Homicide~~

Reported by J. C. Pitsnogle

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Charles Moaty

Died at Town Hagerstown County Washington MARYLAND

Date 189 5 Month Oct. Day 27. Age Y. 1 M. D. Native of Hagerstown Occupation Child

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name ✓

Mother's Name

Cause of Death: Primary 138

Immediate

How long sick Since birth

~~Accident, Suicide, Homicide~~

Reported by J B Morrison

Address Hagerstown - Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Garland Moore

Certificate of Death

Died at Town: Pleasantville County: Washington MARYLAND

Date 189 8 Month: Oct Day: 31 Age Y. 2 M. 5 D. 2 Native of: Md. Occupation:

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Ed. Moore Mother's Name: Mollie Moore

Cause of Death — Primary: Diphtheria F.A How long sick: 3 days

Immediate: Broncho Pneumonia

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by B B Ransom M.D.

Address Harpers Ferry W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55060

Name in Full Jesse A Nunamaker

Certificate of Death

Died at Town Bakersville County Washington MARYLAND

Date 1898 Month Oct Day 27 Age Y. 83 M. D. Native of Occupation Miller

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband ~~Wife~~ of ~~[illegible]~~ Rhodes

Father's Name Mother's Name 57

Cause of Death Primary Sudden death

Immediate from heart disease

How long sick

~~Accident, Suicide, Homicide~~

Reported by David Welty

Address Fairplay Washington Co

OVER

~~Must be signed by physician, if any in attendance, otherwise by coroner~~, undertaker ~~or minister~~.

OVER

LIBRARY BUREAU, 79706

Attended by Dr. No Physician

of

P.C. I 33

Seen by Coroner

of

Information contained in this certificate received from Personal knowledge that obtained at funeral.

David Welty
Undertaker.

Name in Full — Certificate of Death

Samuel L. O'Neal

Died at Town: Cascade — County: Washington — MARYLAND

Date 189 8 — Month: 10 — Day: 13 — Age: Y. 54 M. D. — Native of: Frederick City — Occupation: Merchant

Male / ~~Female~~ — White / Colored — Married / Single / Widow / Widower / Divorced — Number of children living

Husband / Wife of

Father's Name

Mother's Name 97

Cause of Death — Primary: Bright's disease — Immediate

How long sick

Accident, Suicide, Homicide

Reported by Walter Pearre, M.D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68068

Name in Full | Certificate of Death

Mary Rohrback

Died at Town: Hagerstown County: Washington MARYLAND

Date 1898 Month: Oct. Day: 29. Age Y. 75. M. 8. D. Native of: Sharpsburg Occupation: No occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Jacob Rohrback

Mother's Name: Mary Smith.

Cause of Death: Primary: Mitral Stenosis cardiac with Enlargement

Immediate: Heart exhaustion. 57

How long sick: 10 days

~~Accident, Suicide, Homicide~~

Reported by: A. S. Mason

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85969

Name in Full | Certificate of Death

Myrtle Daisy Shellehamer

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month October Day 18 | Age Y. 8 M. 4 D. 15 | Native of Md. | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife — — —

Father's Name Harry W. Mother's Name Annie E.

Cause of Death: Primary Diphtheria 8a | How long sick

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by H. K. Derr M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full | Certificate of Death

David Stonesifer

Died at Town: Hagerstown | County: Washington | MARYLAND

Date 1898 | Month: 10 | Day: 22 | Age: Y. M. D. | Native of | Occupation

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 2

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Dont Know found Dead | How long sick

Immediate might be Gas Poisoning | 14 | Accident, ~~Suicide, Homicide~~

Reported by E A Warkham M D

Address Hagerstown Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. E. A. Warehaus

of Hagerstown Md

Seen by Coroner

of

The undertaker was C. M. Suter

of Hagerstown Md

Name in Full

Peter A Witmer

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 189 8 Month: Oct Day: 2 | Age Y. 64 M. 9 D. 13 | Native of md | Occupation Dep Sheriff

Male ~~—~~ White ~~Colored~~ Married ~~Single~~ ~~Widowed~~ | Number of children living 2

Husband / Wife of Mary K Witmer

Father's Name John Witmer | Mother's Name Rozana

Cause of Death: Primary Pistol Ball in Brain | How long sick

Immediate " " " 1428 | ~~Accident~~ Suicide, ~~Homicide~~

Reported by E E Warfield

Address Hagerstown md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706